2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000086140



FILED
Jul 09, 2007 8:00 am
Secretary of State
07-09-2007 90114 023 ****55.00

| 2ip | 1. Entity Nam COBBLE | STONE 1 | TITLE SERVICES, I | LLC | | | | 07 05 2007 5 | | 2 5 55. | |
|---|--|--------------------|---------------------------------------|--|---------------------|------------------------|---------------------------------------|-------------------------|---|------------------|---------------------------|
| Suite, Apt. #, etc. | 1093 WILLA SPRINGS DRIVE SUITE 1029 | | | 1093 WILLA SPRINGS DRIVE SUITE 1029 | | US | | | | | |
| City & State Country City & State C | 2. Principal P | tace of Busin | ness - No P.O. Box # | 3. Mailing Address | | | | | | | |
| 2ip | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 07032007 | Chg-LLC | CR2E | E083 (12/06) | |
| S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KANE, ONIE 2955 ERSKINE DRIVE OVIEDO, FL 32765 8. The above named entity submits inis statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE ### Filing Fee is \$50.00 ### Desire MANAGING MEMBERS MANAGERS ITHE MARK KANE, ONIE 3956 ERSKINE DRIVE OVIEDO, FL 32765 ### MANAGING MEMBERS MANAGERS ITHE MARK KANE, ONIE 3956 ERSKINE DRIVE 5966 ERSKINE DRIVE 5976 ADDITIONS/CHANGES TITLE MARK KANE, ONIE 3956 ERSKINE DRIVE 5976 ADDITIONS/CHANGES TITLE MARK KANE, ONIE 3956 ERSKINE DRIVE 5976 ADDITIONS/CHANGES TITLE MARK KANE, ONIE 3976 ADDITIONS/CHANGES TITLE MARK STRET ADDRESS CITY-51-2P TIT | City & State | | | City & State | | | | | 70 | | plied For t Applicable |
| KANE, ONIE 2965 ERSKINE ORIVE OVIEDO, FL 32765 8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Tilling Fee Is \$50.00 Due by September 14, 2007 Due by September 14, 2007 | Zip Country | | | Zip | Zip Country | | · · · · · · · · · · · · · · · · · · · | | | | |
| RANK_CONIE 2965 ERSKINE ORIVE 25 15 15 15 15 15 15 15 | | 6. Name | and Address of Current | Registered Agent | | I | 7. Name an | d Address of New I | Registered | d Agent | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | | | Name | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE THIRD Foe is \$50.00 | 2965 ERS | KINE DRI | VE | | | Street Addres | ss (P.O. Box Num | ber is Not Acceptabl | le) | <u>.</u> | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and a the obligations of registered agent. SIGNATURE Signature | OVILDO, I | L 32103 | | | | City | | | | . Zin Cod | |
| THE Obligations of registered agent. SIGNATURE | | | | City | | | F | | ₽ | | |
| Filling Fee is \$50.00 Pue by September 14, 2007 Make check payable to Floridal Department of State | | | | the purpose of changing its | register | ed office or regis | stered agent, or b | oth, in the State of Fl | lorida. I ar | n familiar with, | and accept |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete MAME | SIGNATURE | Signature, lyped | or printed name of registered agent a | and title if applicable. (NOT | E: Registere | d Agent signature requ | uired when reinstating) | | DATE | | |
| TITLE | | | | | | | | | | | 9 |
| TITLE | 9. | | MANAGING MEMBE | BS/MANAGERS | 10. | | · · · -— · · · | ADDITIONS | /CHANGE | -s | |
| STREET ADDRESS CITY-ST-ZIP OVIEDO, FL 32765 TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET AD | TITLE | I | | | TITL | ı | | | 10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME STREET ADDRESS | | 2965 ERSKINE DRIVE | | | | | | | | | |
| CITY-ST-ZIP ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | ☐ Delete | | | | | | ☐ Change | Addition |
| NAME | | | | | | | | | | | |
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| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | | ☐ Delete | NAM STRE | EET ADDRESS | | | | ☐ Change | Addition |
| 11 Lharaby carify that the information supplied with this filling does not qualify for the examptions contained in Chapter 119 Florida Statutes. I further cartify that the information | NAME STREET ADDRESS CITY-ST-ZIP | | | | NAM STRI CITY | EET ADDRESS -ST-ZIP | | | | | Addition |

I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 7/ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

401 699-1506